Central America Regional FETP

Background

The Central America Regional Field Epidemiology Training Program (CA FETP) is a public health capacity-building training program aimed at developing field epidemiologists at various levels of the public health system.

The CA FETP began in 2000 as part of the effort to rebuild public health infrastructure in six Central American and Caribbean countries following the devastation of Hurricanes Mitch and Georges in late 1998.



Program Goals

The goal of the regional CA FETP is to build public health epidemiological capacity through training personnel to become leading field epidemiologists and by strengthening disease surveillance. The U.S. Centers for Disease Control and Prevention (CDC), through its Division of Public Health Systems and Workforce Development, has been a key technical partner, providing scientific and programmatic support for the CA FETP.

Country Programs

Gradually, the CA FETP has evolved from one regional training program managed by CDC to several national FETPs with countries assuming ownership of their domestic programs. Countries currently in the program include Costa Rica, the Dominican Republic, El Salvador, Guatemala, and Honduras.

Three-Tiered Training Model

The competency-based curriculum is divided into a three-tiered training program known as the "training pyramid" in Central America. There is a standardized and integrated regional curriculum with flexibility to respond to needs at the local, district, and central levels of the health system.

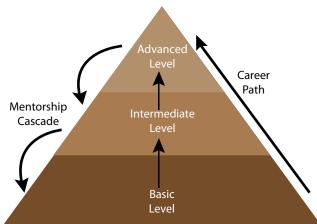
The three-tiered FETP started in Guatemala and is a successful model for FETPs in the global network. This model aims to build an effective career track and surveillance network for epidemiologists using a strategy of training through service at each of the three tiers:

■ **Basic Level Training:** For local health staff, it consists of approximately 88 hours interspersed throughout a 3–5 month field assignment.



- Intermediate Level Training: For mid-level district epidemiologists, it consists of 248 classroom hours interspersed throughout a 9-month field assignment.
- Advanced Level Training: Known as the FETP, with a national focus for advanced epidemiologists, it consists of 624 classroom hours interspersed throughout a 24-month field assignment.

This tiered approach lets trainees establish a foundation of epidemiology skills that can be built upon as they graduate through higher levels of the training model. This model also creates a mentorship "cascade" with FETP trainees serving



Three-tiered Training Model

as mentors to intermediate level trainees who in turn mentor basic level trainees. For example, since 2000, the region has had 67 graduates from the advanced level, 586 from the intermediate level, and 1,933 from the basic level programs.

The "multiplier effect" of this model has significantly improved surveillance in remote areas of Guatemala as seen during Hurricane Stan in 2005, where there was more complete and timely surveillance data from health areas employing graduates of the program compared to those without graduates.



CA FETP Countries

CA FETP Trainees at Work

CA FETP trainees have responded to multiple natural disasters and conducted hundreds of investigations including surveillance evaluations, outbreak responses, and planned studies.

In addition, CA FETP graduates are assuming influential positions in their respective Ministries of Health. As countries meet the challenge of institutionalizing their programs, the CA FETP concept will increasingly be recognized as a model for sustainable public health capacity development.

Trainees at each tier spend about 20% of their time in the classroom and 80% in the field implementing what they have learned while mentored by graduates of the program. While in class, trainees take courses in epidemiology, communications, economics, and project management. In the field, they conduct epidemiologic investigations and field surveys, evaluate surveillance systems, perform disease control and prevention measures, report their findings to decision-makers and policy-makers, and train other health workers.

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